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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/551,886			ing Date 04/2005	☐ To be Mailed	
	Al	PPLICATION	AS FILE					HER THAN					
Н	FOR		NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		ı	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A			N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x s =		
INE (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			•		X \$ =		1	X S =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	ts of pap 50 (\$125 ional 50	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* It	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
	APP	DED - P. (Colur		OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	08/26/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1-16())	· 28	Minus	29		= 0	П	x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 6	Minus	···7		- 0	П	X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
 ^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	"		-	П	X \$ =		OR	x s =		
	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	x s =		
I Z	Application Size Fee (37 CFR 1.16(s))									1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR			
										OR	TOTAL ADD'L FEE		
** 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to comprise, including patienting, preparing, and submitting the comprised application from the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to comprise this form and/or suggestions for reducing this founds, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Disc video, Alexandrius, V.M. 22313-1450, D.O. NOT SEND FEES OR LOWNELEET D-FRIME TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.